

Public Health Interventions Guidance

Preventing unintentional injuries among under 15s in the home Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association of Catholic Nurses England and Wales		General		There are inconsistencies in the way the provision and fitting of and education in the use of basic essential home safety equipment is managed within PCTs and Children's Centres. Where Children's Services within PCTs may budget and operate on the assumption that there is some delegated responsibility for the provision of home safety equipment to Children's Centres the Children's Centres seem to exercise their own choices on opting in or out of this service and on whether they do ring fence or use some of their budget to provide essential home safety equipment to low income families living in socially deprived areas. There is no clear indication of who should be accepting overall responsibility to ensure the provision of basic home safety equipment to these families.	Thank you for your comment. NICE guidance recommends what is effective and cost effective, as well as setting out who might implement the recommendations. However, it is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.
Avonsafe (NHS Bristol)		Recommendation 1	6	Hospital Episode Statistics have confirmed to our satisfaction that 0-2 year old children suffer more serious injuries as a result of injuries in the home than other age groups of children and young people. The draft guidance appears to recommend extension of the target age group to all under 15's. To inform service development, further background on the justification for selecting the 0-15 age group would be helpful, and possibly some guidance on the services who may best engage with families that include children of this age group.	Thank you for your comment. The original referral from the Department for Health outlined a focus on unintentional injuries among under 15's in the home. Section 2 gives some background information.

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Avonsafe (NHS Bristol)		Recommendation 1	6	Guidance should indicate what research evidence suggests the priority risk factors to be, while accepting that there will always be local discretion/variation and exceptions.	Thank you for your comment. The final guidance recommends that households identified as at greatest risk should be prioritised, for example where there are children aged under 5, families living in rented or overcrowded conditions or families living on a low income. The supporting evidence summarised can be found in appendix c.
Avonsafe (NHS Bristol)		Recommendation 1	6	LSPs, being a strategic body, are extremely unlikely to engage with the detail of a small scale service such as a home safety equipment scheme. Primary Care Trusts and Local Authorities who currently manage and deliver home safety schemes are omitted from the list on page 6.	Thank you for your comment. The final guidance recommends that a number of organisations including the LSP should take action at the strategic level to determine local priorities.

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Avonsafe (NHS Bristol)		Recommendation 1		<p>The guidance recommends a logical desktop approach to identification of high risk groups and using risk assessments to prioritise installation of safety equipment and appears to suggest a stage where intelligence gathered by practitioners is considered alongside other data.</p> <p>In Avon, referrals to the Home Safety Equipment Scheme are made by Health Visitors who, when on visiting families, assess risk against a set of criteria which serves to prioritise those in greatest need. If families meet the risk criteria, a referral is made directly to Avon Fire and Rescue Service, who respond as quickly as possible. Speed of response is a factor – some families are in significant need. Having a remote process for assessing risk and need in order to prioritise interventions may slow fitting of equipment, and we recommend a streamlined procedure where practitioners in direct contact with families are made aware of risk factors and eligibility criteria and are able to refer families for fittings directly, based on their professional judgement.</p>	<p>Thank you for your comments.</p> <p>There are recommendations about systematically identifying some households as priority for these interventions. In addition, the recommendations include the important role of practitioners (including health visitors) in identifying household, offering advice and making referrals.</p>
Avonsafe (NHS Bristol)		Recommendation 3	8	<p>There is a trade off to be made when funding safety equipment schemes. Guidance on how to trade-off the ability to pay for and fit equipment with the recommendation to re-visit homes where equipment has been fitted would be useful. The recommendations to re-visit homes is very challenging for our current schemes to accommodate without further funding or without reducing the numbers of families receiving equipment.</p>	<p>Thank you for your comment. It is for local agencies to determine how to implement the recommendations based on local priorities and the resources available.</p>
Avonsafe (NHS Bristol)		General		<p>The summary of evidence on which the guidance is based makes very interesting reading.</p>	<p>Thank you for your comment</p>

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Chartered Institute of Environmental Health		General		The CIEH is very supportive of this guidance. There are however some surprising omissions.	Thank you, we welcome CIEH's comments
Chartered Institute of Environmental Health		General		There is no mention of the Housing Health and Safety Rating System (HHSRS) which is the "new system for assessing housing conditions and enforcing housing standards" under Section 1 of the Housing Act 2004.	Thank you for your comment. In the final guidance, the Housing Health and Safety Rating System (HHSRS) is now specifically mentioned in the recommendations.
Chartered Institute of Environmental Health		General		One of the key elements of the HHSRS is protection against accidents caused by falls associated with baths etc, falling on level surfaces, falling on stairs etc and falling between levels. In addition the system deals with other accident related hazards including collisions, entrapment, electrical hazards and overcrowding.	Thank you for your comment.
Chartered Institute of Environmental Health		General		Details of the system are set out in the Operating Guidance published by the department for Communities and Local Government.	Thank you for your comment.
Chartered Institute of Environmental Health		General		There is also no mention of the Review of Health and Safety Risk Drivers (also published by the department for Communities and Local Government).	Thank you for your comment. The 'Review of Health and Safety Risk Drivers' is focused at the policy, strategy and legislation level which is beyond the remit of this piece of work.
Chartered Institute of Environmental Health		General		In addition there are clear duties on local housing authorities (LHAs) to consider the housing conditions in their area, and to carry out inspections. Workers already mentioned in the guidance should be linking with environmental health practitioners in their respective LHA.	Thank you for your comments. The final guidance includes a recommendation to work in partnership with local agencies including environmental health to help collect information on specific households where children and young people aged under 15 may be at greatest risk.

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Chartered Institute of Environmental Health		General		The English House Condition Survey (2007) contains data on the number of category 1 hazards (including falls) under the HHSRS.	Thank you for your comments
Chartered Institute of Environmental Health		General		We would point to the publication by CIEH of “Good Housing Leads To Good Health” (available at http://www.cieh.org/policy/Good_Housing_Leads_to_Good_Health.html) which contains a cost calculator (which has been used by at least one PCT) for determining savings that would accrue as a result of preventative action to address health and safety hazards in the home.	Thank you for this tool.
Chartered Institute of Environmental Health		General		One of the keys to effective accident reduction is information sharing. The CIEH believes that greater effort needs to be made to establish common databases between PCTS and local authorities – in particular environmental health professionals – and to share all relevant information devoid of undue concepts of confidentiality. Such information sharing should aim to eliminate duplication of effort and include details such as hospital admissions and the service of notices by local authorities under the housing act to address accident related issues.	Thank you for your comment
Chartered Institute of Environmental Health		General		The report makes brief reference to education on page 5. The CIEH would like to see a stronger emphasis on education of parents and encouraging supervision of young children; this can include encouraging parents to attend home safety sessions as a 'gateway' to applying for safety equipment.	Thank you for your comment. The final guidance recommends education, advice and information as part of a home safety assessment and during the supply and installation of home safety equipment. A focus on education as a standalone intervention is beyond the scope for this piece of guidance.

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Chartered Institute of Environmental Health		General		The CIEH is not totally convinced by the proposal to cover young people up to the age of 14 years. Several local authorities focus on children under 5 years; the needs of children of school age need to be addressed through education and advice.	Thank you for your comment. The original referral from the Department of Health places focus of this guidance on all children under 15 in the home. The final guidance recommends that households identified as at greatest risk should be prioritised, for example where there are children aged under 5.
Chartered Institute of Environmental Health		General		Home inspections should ideally take place during or immediately following identification of vulnerability and ideally should be undertaken by trained, competent professionals to ensure consistency and to reduce the intrusion on a household and to minimise the disruption if works are required. A referral network such as that already in place for Homeshield (a partnership in Cambridge for addressing the needs of older people) would work well but needs the engagement of the health professions. No extra work or duties should be placed on already over worked health visitors. Follow up checks regarding the success of the measures can be carried out by any of the practitioners who visit the property and entered on to a central database.	Thank you for your comments.

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Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Context		<p>Practitioners and policy makers will use and make reference to the NICE guidelines to inform future unintentional injury work. The guidelines should therefore be as informative as possible. This is particularly true of the types of equipment that NICE have referred to. We recommend using the term <i>Window Restrictor</i> rather than <i>Window Locks</i> as they are very different items, using the terms <i>cupboard and drawer restrictors</i> and specifying what is meant by <i>oven guard</i> (is this an oven door guard or a hob guard?).</p> <p>Recommendation 1 refers to “<i>a lack of appropriately installed safety equipment</i>”, but the guidelines do not identify what is effective or appropriate equipment, for example, there is no mention of securely fitted fireguards. We understand that individual households will differ in their equipment needs, but a list of effective equipment would be useful to policy makers, managers and practitioners.</p>	Thank you for your comments and suggestions. The list of equipment has been amended. The list is not intended to be a comprehensive and provides examples of some home safety equipment that could be provided. The technical efficacy of home safety equipment is beyond the scope of this guidance.

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Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 1		<p>The guidelines aim to prioritise households at greatest risk. In doing so, it should be established that those at greatest risk of unintentional home injury are aged under 5 years and not under 15 years. This should be mirrored throughout the document.</p> <p>Children between the ages of 5-15 years have a greatly reduced risk of a home accident compared to those aged under 5 years. Recommendation 3 states that home safety assessments be prioritised and delivered to those households with the greatest risk. In order for home safety schemes to be targeted where the need is greatest and to be effective in reducing the number of children who are killed, seriously injured and disabled, then the guidelines should identify the age range that is most at risk.</p> <p>It should also be noted that families living in particular types of housing have an increased risk of injury and we recommend that this should also be cited in terms of priority and risk identification (Lyons et al. AJPM 2006; 30:513-520)</p>	Thank you for your comments. The final guidance recommends that households identified as at greatest risk should be prioritised, for example where there are children aged under 5, families living in rented or overcrowded conditions or families living on a low income.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 1		<p>The use of existing data on children and families may cause issues with data protection and caution needs to be given. However, the sharing of anonymised, but relevant data is possible and this should be recommended within the guidelines.</p>	Thank you for your comments. The final guidance makes specific reference to good practice guidelines on maintaining the confidentiality and security of personal information.

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Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 2		Many partners have a role to play in the reduction of unintentional injuries, however, this is not necessarily recognised by a number of potential partners. Therefore, we would recommend changing the following wording “ <i>Others with a remit to prevent unintentional injury in the home</i> ” to “ <i>Others with a remit to improve the health and well-being of children</i> ”	Thank you for your comment.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 2		Spelling error – under “ <i>What action should they take</i> ” change heath to health	Thank you. We have made the appropriate change.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 2		Accident and Emergency departments should also be cited as active partners, particularly as the need to collect and collate data is crucial.	Thank you for your comment. Data collection by Accident and emergency departments is not covered in this guidance but is covered in the related NICE guidance on ‘Strategies to prevent unintentional injuries’ (see www.nice.org.uk/guidance/ph29).
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 2		The guidelines state that local communities should be used to promote home safety interventions and we agree that this is essential for an effective and successful home safety equipment scheme. Local community groups must therefore, be involved as a partner from the planning stage and cited under “ <i>Who should take action?</i> ” section.	Thank you for your comment. We agree local community groups are key and the final guidance includes them in the recommendations.

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Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 2		Further clarification is needed in terms of 'identify and prioritise households'. Definitions need to be made to establish who is most at risk and from what type of injury mechanism.	Thank you for your comment. The final guidance gives examples of 'priority households' as those with children aged under 5, families living in rented or overcrowded conditions or families living on a low income.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 2		The guidelines make reference to acquiring information from hospitals about injuries. However, evidence reveals that rural areas are more likely to access their local GP or minor injuries unit. It is therefore vital that contacts are made between GP and community nurses in order to share additional and valuable information.	Thank you for your comments. The final guidance no longer refers to hospital data; instead it refers more generally to using 'existing datasets'.

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Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 3		<p>In reducing unintentional injuries in the home, behavioural advice is as crucial as the correct type and fitting of safety equipment. To acknowledge the importance of these areas, we recommend that the first bullet point be changed to the following: <i>“Offer home safety assessments by appropriately trained assessors, to the households identified and prioritised in recommendations 1 and 2. Where appropriate, behavioural advice should be given and high quality home safety equipment supplied and installed. Advice on how to correctly use and maintain the equipment should also be given”</i></p> <p>Where the guidelines have stated <i>“suitable”</i>, this should be qualified and identified. <i>“Suitable”</i> should be fit for purpose for the reduction of those mechanisms that cause the most serious injuries. These accident mechanisms should also be identified within the guidelines, for example; falls, burns, scalds, fire, poisoning etc.</p>	Thank you for your comment. The final guidance recommends that education, advice and information be provided during home safety assessment and the supply and installation of home safety equipment. It also recommends that equipment supplied and installed should be appropriate to the household’s specific needs and circumstances.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 3		<p>Second bullet point. We recommend changing the wording to include emphasis on other factors that influence injuries. For example; <i>“...vigilant about home safety, the stages of childhood development, outline why safety equipment has been installed and how to use it correctly and the dangers of disabling it”</i>.</p>	Thank you for your comment. The list provided was not meant to be comprehensive. The final guidance includes reference to developmental age of the child, as well as other factors. It also includes education, advice and information which highlights the need for vigilance and explains the importance of maintaining equipment.

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Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		Recommendation 3		Final bullet point. This point recommends conducting a home safety assessment where necessary. However, unless an assessment has been conducted, it is difficult to identify if it is necessary. We recommend replacing the word "necessary" with "possible".	Thank you for your comment. The recommendation has been amended and now refers to 'offering home safety assessments to households prioritised'.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		General		Practitioners, installers and assessors should be CRB checked before entering households.	Thank you for your comment. The guidance assumes that relevant legislation and guidelines will be adhered to when implementing the recommendations.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		General		Installers should be appropriately trained in home injury prevention as installers will be the first port of call for equipment queries from householders.	Thank you for your comment. The guidance assumes that installers will be suitably qualified.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		General		Guidelines should be stated for a maximum time between the home safety assessment and equipment installation	Thank you for your comment. It is for local agencies to determine how to implement the recommendations based on local priorities and the resources available.

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Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		General		Parenting groups should be involved in intervention planning.	Thank you for your comment. The final guidance includes these groups.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		General		The UNCRC (United Convention of the Rights of the Child) should be cited within the guidelines. For example, Article 6, Article 19, Article 27, Article 33, Article 36.	Thank you for your suggestion, however it is not possible to include all potentially relevant documents.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		General		The guidelines make reference to reducing injuries amongst the most deprived. We are concerned that there is no reference to narrowing the inequalities gap	Thank you for your comment. The aim of this guidance is to prevent unintentional injuries among all children and young people but in particular, those living in disadvantaged circumstances, as they are at increased risk compared to the general population. The final guidance recommends that households identified as at greatest risk should be prioritised, for example where there are children aged under 5, families living in rented or overcrowded conditions or families living on a low income.

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Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		General		Inconvenience to householders should be minimised, including unnecessary visits, contact and information collection. Therefore all agencies and partners should use the same policies, procedures, risk assessment documents and databases	Thank you for your comment. The final guidance recommends determining and addressing barriers to creating a safe home environment.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		General		The guidelines recommend a home safety risk assessment but does not give guidance on specific issues that should be assessed, what type of injuries cause the most serious, fatal or disabling accidents or which items are effective in reducing these injuries. We recommend that as part of the NICE guidelines, recommendations are made stating which injury mechanisms should be prioritised, which equipment should be used and identified guidelines for the risk assessment checklist	Thank you for your comment. This piece of NICE guidance focuses on the prevention of all unintentional injury that occurs in the home in all children under 15. The range of injuries will vary from locality to locality. The guidance gives examples of checklists, refers to the Housing Health and Safety Rating System (HHSRS) and recommends that equipment should meet British 'Kite mark' standards or the equivalent European standard.
Child Accident Prevention Practice and Information Exchange (CHAPPIE) Wales		General		The Child Safety Steering group for Wales, facilitated and coordinated by Children in Wales and chaired by Professor Ronan Lyons have produced a document "Working Towards a Child Safety Strategy for Wales". This document makes recommendations in a number of unintentional areas, including home injury prevention. This document can be viewed at the following link: http://www.childreninwales.org.uk/areasofwork/childsafety/index.html	Thank you for the web link and documents.

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Department of Health		General		The document seems to have focused on the installation of home safety equipment which would be generally viewed as contributing to overall safety of children and young people and to adults. The equipment noted such as smoke alarms and carbon monoxide alarms provide general safety provision but some home safety equipment would be particularly relevant to younger pre-school children. The installation focus appears a manageable approach to the prevention topic, but the evidence searching process seems to have provided relatively limited results. There may also be limitations to this approach reaching across the age range.	<p>Thank you for your comments. The focus on assessments and equipment installation was determined during the scoping stage.</p> <p>The list of equipment is not meant to be a comprehensive list, however it includes equipment of relevance to all age groups as well as examples of equipment most relevant to under 5s who are most at risk (window restrictors and stair gates).</p>

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Gloucestershire Home Safety Check Scheme		Recommendation 1		<p>“Consider establishing or using an existing database to share information on high-risk households with other statutory agencies. For example, social workers, GPs and health visitors could identify overcrowded dwellings and notify others via a database accessible to all statutory organisations</p> <p>Recommendation 2. Establishing partnerships - Ensure follow-up advice and information is given...and following four paragraphs.”</p> <p>I would urge caution in the final recommendations. Perhaps not unexpectedly, the publicity given to the draft guidelines has referred to the issues regarding the sharing of information, and a suggestion that there may be a compulsory element to home safety services. Although much of this can be blamed on political manipulation and wilful media misinterpretation, any suggestion that services are provided on anything except a voluntary and willingly accepted basis could prove to have a negative effect.</p>	Thank you for your comment. The guidance has been amended to consider the issues you have raised.

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Gloucestershire Home Safety Check Scheme		3. Considerations		<p>“3.5 PHIAC considered it very unfortunate that many injury prevention schemes do not include an integrated and robust evaluation process. This limits the evidence available on their impact.”</p> <p>The lack of conclusive evidence outlined in the Prevention of unintentional injuries to children (suite of NICE systematic reviews) is regrettable but not unexpected. Unreliable and inconsistent data regarding children’s accidents, and the lack of any form of co-ordination for those organisations that currently provide children’s safety services, means that the effectiveness of preventative measures are notoriously difficult to measure. However, RoSPA’s Safe At Home National Home Safety Equipment Scheme is currently operating throughout England, and could provide an opportunity for further evaluation.</p> <p>In the absence of conclusive statistical evidence, or non-significant results, anecdotal examples should be considered.</p>	<p>Thank you for your comments. NICE agrees that RoSPA’s safe at home National Home Safety Equipment Scheme may have provided some useful information for the development of these recommendations. Unfortunately the evaluation of this scheme was not completed in time to inform this guidance, however it could be considered when this guidance is updated.</p>

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Gloucestershire Home Safety Check Scheme		3. Considerations (continued)		<p>As the manager of a service that deals with child accident prevention in a similar manner to that outlined in the draft guidelines, I have come across many cases where involvement has clearly benefitted the family. Of more relevance perhaps are those cases where a child has suffered a serious injury which could clearly have been avoided. From my own experience I know of a three year old boy who suffered disabling head injuries by falling from an unsecured third floor window. Neighbouring properties had window locks properly fitted and used correctly and no similar injury was reported from those families. Although this example may seem extreme it is one of many that we have come across over the years.</p> <p>We have found that persuasive, non-intrusive intervention and targeted support has clearly been beneficial for children's safety in Gloucestershire and Herefordshire. It is unfortunate that unreliable and inconsistent data is not able to quantify how much of an effect it has.</p>	Thank you for your comments.

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Gloucestershire Home Safety Check Scheme		General		<p>The overarching issue regarding any adoption of guidance such as this inevitably centres on resources and responsibilities. Although this may not be a concern of NICE, it is difficult to ignore it.</p> <p>Although Every Child Matters highlights Staying Safe as a priority, and other initiatives such as the Safe At Home Scheme have complimented this, there is no clear direction regarding lead organisations.</p> <p>Children's Services Departments, Children's Trusts and Safeguarding Children's Boards generally regard safety to mean avoiding intentional injury. This is understandable, but there are few examples of Local Authority-led accident prevention initiatives. Although many Children's Centres pay some attention to the topic, the approach nationwide is spasmodic and irregular.</p> <p>Health Visitors take a particular interest in accident prevention for under fives, but it is debatable whether they would be able to offer the intensive and detailed support suggested by the draft recommendations.</p> <p>The recommendations are sensible, and if carried out could play a major part in reducing the number and severity of avoidable accidents to children, avoiding pain and suffering that could remain with victims for the rest of their lives. However, the question of who does the work, and who pays for it, cannot be avoided and will have to be addressed at some stage.</p>	Thank you for your comments.
Liverpool PCT		General		<p>We generally support the recommendations made by this document and agree that more should be done to identify those households at risk of UI, including embedding identification of risk into a wide range of professionals' roles</p>	Thank you for your comments and we welcome Liverpool PCT support.

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Liverpool PCT		Recommendation 1 and 3		There are likely to be capacity issues raised with regards to professionals being asked to include risk assessments in their current roles. It may be worth emphasising that support for these recommendations will be required at senior level in both commissioning and provider organisations if they are to be implemented across the healthcare system. Similar advice may be relevant to other organisations.	Thank you for your comment. The final recommendations now highlights that Local safeguarding children boards (LSCB's), Local authority children's services and their partnerships, Local strategic partnerships (LSP's) and Health and wellbeing boards and partnerships (where they are not part of the LSP) be involved.
Liverpool PCT		Recommendation 1 and 3		Where GPs, Health Workers and 'statutory agencies' staff are being advised to 'identify... and... notify' this could raise concerns around trust issues. It therefore may be worth including recommendations that issues of home safety are discussed openly with families and that families should be kept fully informed by professionals of any decisions taken to inform or report.	Thank you for your comment. We have amended the recommendations to emphasis adherence to good practice in maintaining the confidentiality and security of personal information.

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Merseyside Fire and Rescue	 ORGANISAT RESPONSE TO	Recommendation 1		<p>We agree with the recommendation.</p> <p>We collect a range of data on children and young people and are introducing a system which will hook up to the national contact point. Fire and Rescue Services should be considered as a data source.</p> <p>We believe that the national roll out of Contact point may support your activities and that any data collections/ standards should factor in DCSF standards in data collected around Children and Young People.</p> <p>We have led within the NW on Information sharing protocols which could support the identifying and prioritising of households at greatest risk.</p> <p>Effective Information Sharing & Security (EISS) is a programmatic strand of the North West e-Government Group (NWeGG) with the aim of helping Local Authorities and their key partners to join up service deliver and address key issues such as benefit fraud. This is also the North West Information Sharing and Security Group (NW ISSG).</p>	Thank you for your comments.

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Merseyside Fire and Rescue		Recommendation 1		<p>The programme particularly emphasises support to: successfully and securely sharing information across NW Authorities, Health, Fire and Rescue, and other partners to enable better, more effective services in a number of areas such as Crime and disorder, Every Child Matters, and Antisocial behaviour; developing a better understanding of how to securely share information with clear agreed methods of working collaboratively; and agreeing a common or similar information sharing protocol that all North West councils, Fire and Rescue Service, Police, Health and other Partners will sign up to.</p> <p>Further information can be found at where we have led on Information Sharing across the North West regarding http://www.nwegg.org.uk/project.php?id=46</p> <p>In addition to this we have for example used sophisticated risk management tools and are currently working with Liverpool John Moores University to further develop these tools.</p> <p>From a risk management perspective Merseyside Fire and Rescue Service would welcome involvement in the development of establishing or using an existing database and could support this programme through our led role within the North West Information Sharing and Security Group (NW ISSG).</p>	Thank you for your comments and link to further information

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Merseyside Fire and Rescue		Recommendation 2		<p>We agree with the recommendation.</p> <p>As outlined from the DVD's we have proactively taken action along with our key partners.</p> <p>We have embedded School Liaison Firefighters who have built a strong relationship with Children and Young People across Merseyside.</p> <p>A further example of this would be our Livesafe programme which works with primary schools across Merseyside to promote Community Safety messages including the fire escape plan. We are striving to gain recognition of this work under the Safer Schools Partnership.</p> <p>Home Fire Safety Checks http://www.merseyfire.gov.uk/asp/pages/video/hfs-video.aspx</p> <p>Reducing Health inequalities http://www.merseyfire.gov.uk/asp/pages/video/healthInequalities.aspx</p>	Thank you for your comments and links to further information.

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Merseyside Fire and Rescue		Recommendation 3		<p>We agree with the recommendation.</p> <p>We strongly support the Home Risk/ Safety Assessment which as outlined in the DVD above has been a key strategy for Merseyside Fire and Rescue Service. (MFRS)</p> <p>We have now visited approximately 450,000 homes within Merseyside and as a key partner within the Community Safety Strands of a LSP, we believe that the Fire and Rescue Service could make a significant difference to reducing injuries within the home.</p> <p>We would be happy to provide any further information to you and are happy to support your recommendations.</p>	Thank you for your comments.
. Institute of Home Safety		General		Guidance should refer to appropriate training for those applying the guidance together with details of training provision resources	Thank you for your comment. Training and development is covered in the related NICE guidance on 'Strategies for preventing unintentional injuries in under 15's' (available from www.nice.org.uk)
Institute of Home Safety		Introduction	1	The Guidance states that it focuses on the supply and installation of home safety equipment and home safety assessments – however does not elaborate to qualify that these are linked and the order which should be Home safety assessment (by trained personnel) – supply – installation. All based on examples of effectiveness.	Thank you for your comment. The introduction in the final guidance outlines what the guidance covers and the recommendations provide further detail about the process of assessment and installation.

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Institute of Home Safety		Recommendation	5	The supply and installation of equipment without education via home safety assessment would be less effective. We understand that not all risk assessors will be equipment providers, however we would like to see some recommendation to ensure that equipment is not provided without risk assessment as a pre-cursor.	Thank you for your comments. NICE guidance is based on the best available evidence. The final guidance recommends that 'education, advice and information' should be provided during home safety assessments and during the supply and installation of home safety equipment'. However, education as a standalone intervention is outside the scope of this guidance.
Institute of Home Safety		Recommendation	5	You have defined safety gates and then referred to in brackets stair gates – is this with reference to different styles of gates being suitable for the stairs? If so, this is not explained. Safety Gates with bottom bars, also known as trip bars, add a hazard if fitted to the top of stairs and therefore this warrants further explanation.	Thank you. This recommendation has been revised and reference to specific types of equipment is now found under definitions at the start of the guidance. These examples are by no means an exhaustive list.
Institute of Home Safety		Recommendation	5	You refer to oven guards also within the text. To our knowledge these are rarely used within accident prevention schemes. That is not to say they are not useful, but, to our knowledge oven door injuries are not prevalent in the same way as falls for example.	Thank you for your comment. Please see our response above.
Institute of Home Safety		Recommendation	5	Can you explain what a door guard is?	Thank you for your comment. A door guard has a number of other names such as finger guards or door hinge guards, and its main function is to prevent door trapping accidents. However, this example is not included in the final guidance.
Institute of Home Safety		Recommendation	5	You refer to an appropriate checklist – will this be defined? How does a project know what is appropriate?	Thank you for your comment. Some examples of checklists are provided in the final guidance.

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Institute of Home Safety		General		The priority area 'falls' includes those in which contributory factors include age-related diminishing faculties, health conditions, prescription and non-prescription medication and drug use, alcohol, poverty, home condition etc. NICE home injury prevention guidance, therefore, should address the person, behaviour and environment and promote appropriate interventions to reduce, eliminate or otherwise control contributors as well as the more directly preventative measures such as safety equipment.	Thank you for your comment. During the scoping stage, it was determined that this guidance would on provision and installation of home safety equipment and home safety assessments.
Institute of Home Safety		Recommendation 1	6	Under 'Who Should take action' we would like to see reference to local authority roles not just Local Authorities in general. Same for Children's Centre's etc... Whose responsibility is it to take the guidance and apply it?	Thank you for your comments. The recommendations highlights some of the organisations you mention, as well as others, and recommends the need to work in partnership. It is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.
Institute of Home Safety		General		The accidental injury rate at home is greater for the under 4's. It would see sensible therefore to include this within the guidance.	Thank you for your comment. This guidance focuses on all children under 15 in the home as this was the referral given to NICE by the Department of Health. The recommendations do highlight that it may be appropriate to prioritise households based on other factors such as a household with children under five and where resources are limited it may be appropriate to narrow down further the households being prioritised.

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Institute of Home Safety		Recommendation 1	6	Can you advise where projects refer for guidance as to what is 'appropriately installed safety equipment'?	Thank you for your comment. The recommendations no longer refers to 'appropriately installed equipment' in the same context. The recommendations now say to 'supply and install suitable, high quality home safety equipment'
Institute of Home Safety		Recommendation 2	7	Who should take action? Again, who within these organisations?	Thank you for your comment. The recommendations have been revised and they now make specific reference to local organisations. However, it is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available
Institute of Home Safety		Recommendation 2	7	'Identify barriers to creating a safe home' – again, where do projects go for help in establishing a common framework to use?	Thank you for your comment. The recommendations have been revised and focus on developing and working in partnerships. These partnerships would be made up of organisations that can understand and help to address barriers to creating a safe home.
Institute of Home Safety		General		Consider the use of text messaging and social networking to keep in touch with parents who are recipients of the service	Thank you for your comment. The committee did not examine these methods.
Institute of Home Safety		Recommendation 3	9	'Keep records of households that have been given safety advice or equipment to prevent duplication' – this is also necessary in case of safety recalls. Detailed good practice record keeping could be provided for this type of project.	Thank you for your comment. The final recommendations refer to record keeping and product recall or faults.
Institute of Home Safety		3.8	14	'Safety equipment has to be used and maintained to be effective'. We would suggest that the word 'correctly' is inserted after used.	Thank you for your comment. The Considerations have been changed to reflect your comment.

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Institute of Home Safety		General		<p>Experience tells us that the suggestion for identifying suitable families (recommendation1) will be very difficult to achieve. Guidance on this would also be useful? Some affluent areas have pockets of deprivation.</p> <p>The ACAP scheme in East Lancashire looked at deprivation index and birth rate in each electoral ward when they were targeting their services and found that even in the more affluent parts of the county, there were problem areas which would benefit from the service. Therefore, if funding and guidance criteria are too specific, it may be a case of hitting the target but missing the point.</p>	<p>Thank you for your comments. It is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available. The final guidance recommends using of surveys, needs assessment and existing datasets to identify households at greatest risk.</p>
Institute of Home Safety		General		<p>Unfortunately at a local level our members still face the problem of schemes giving parents vouchers to go off and buy equipment, thinking that they have done their bit to make homes safer. For them it's a cheaper alternative, rather than paying a scheme to undertake individual home safety assessments, providing advice and making sure the equipment is properly fitted.</p> <p>No understanding of the link between risk assessment, education and correct fitting of equipment seems apparent. Value for money should also be a consideration – as projects simply giving vouchers or equipment have no real way of checking:</p> <ol style="list-style-type: none"> 1. That the equipment is actually fitted 2. If the equipment is fitted, is it fitted correctly? 3. Is the equipment purchased appropriate? 4. That the equipment is not taken back for a cash refund 	<p>Thank you for your comments. The recommendations highlight that education, advice and information be given during home safety assessments and during the supply and installation of home safety equipment. The recommendations have been revised to take into account some of the points you raised around follow up.</p>

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Institute of Home Safety		General		<p>In previous consultation responses, the institute made the following comments which do not seem to have been addressed:</p> <p><i>The following link is of interest as it shows trauma attendances to A&E from a hospital in the Liverpool Area, and breaks down age, where in the home and to which age accidental injury happened, was it a fall...</i></p> <p><i>If you look at the <u>0-4 age group</u>, the falls represent the greatest presentations to A&E however, look at where they happened. The Living – Dining Room area is much more prevalent than the stairs. 348 presentations as opposed to 185. In fact, home bedroom is more prevalent than the stairs.</i></p> <p><i>What we don't know however, is what is causing this?</i></p> <p><i>We would recommend engaging the originators of the data to see if there are further details about causes, etc... Many projects offering the provision of safety equipment concentrate on the stairs as the primary cause of a fall in the home for a young child.</i></p> <p><i>It may be that the figures below are a result of an existing scheme fitting safety gates on stairs in an area related to this hospital, and this has the strong impact of reducing accidental injuries on stairs. Further knowledge on this would be very useful for guidance.</i></p> <p><i>It is also clear that there is a strong gender bias towards male presentations across all ages.</i></p> <p>http://tinyurl.com/yl79qu8</p>	<p>Thank you for your comments. The Department of Health asked NICE to develop guidance on the prevention of unintentional injury among under 15's in the home. During the scoping stage, it was decided to focus on the provision and installation of home safety equipment and home safety assessments.</p> <p>In the process of NICE guidance development the Public Health Independent Advisory Committee (PHIAC) uses the best available evidence. The recommendations reflect the evidence about interventions that are effective in supplying and installing safety equipment. However, the final guidance is clear that the choice of equipment should be tailored to meet the household's specific needs and circumstances. Factors to take into account include the developmental age of the children. The examples of equipment in the guidance are not an exhaustive list.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

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Institute of Home Safety		General		<p>Previous responses also highlighted: Sprinkler Systems are mentioned and at the moment, to the best of our knowledge, these are not funded for fitting by the fire service in the same way that smoke alarms are, yet they seem to be 100% effective in reducing deaths and injuries due to fire.</p> <p>This still seems to be omitted from this guidance? We do understand that this is huge cost for the project, however we feel it should be referred to within the guidance.</p>	<p>Thank you for your comment. The scope of this guidance is limited to equipment that can be easily installed and so excludes sprinkler systems. Home safety equipment that is built into homes such as sprinkler systems and hard wired smoke alarms are covered in the related NICE programme guidance 'Strategies to prevent unintentional injuries in under 15's'.</p>
Institute of Home Safety		General		<p>LASER schemes are not referred to within the guidance</p>	<p>Thank you for your comment. LASER schemes are by definition 'safety education only' interventions and thus would be excluded from the evidence review for this guidance. Education is only included in the scope of this guidance if part of an intervention that provides and installs home safety equipment or home safety assessments. The recommendations highlight that education, advice and information should be provided during home safety assessments and during supply and installations of home safety equipment.</p>
Institute of Home Safety		General		<p>Reference should be made within the guidance to the Health and Housing Safety Rating System to address hazards with severe outcome potential for children in accommodation. The HHSRS should be used in all risk assessments carried out in the homes being inspected and should be used both inside and outside.</p>	<p>Thank you for your comment. The Housing Health and Safety Rating System (HHSRS) is now mentioned as part of the recommendations.</p>

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Institute of Home Safety		General		<p>No reference is made to Sudden Infant Death which may constitute an unintentional injury.</p> <p>In Lancashire a campaign called “Give me room to breathe” works with lead nurses who attend all Sudden Unexpected Deaths of Children up to the age of 15. This has highlighted the high incidence of co-sleeping in fatalities of infants.</p> <p>As a result the campaign has been supported by the Foundation of the Study of Infant Deaths to alert practitioners (in turn to highlight to parents) the high risk to their child of co-sleeping, especially if parents are tired, have taken alcohol or medication.</p> <p>The campaign has broken down all the areas of Lancashire to link high incidence to priority targeting of this information.</p> <p>The direct data from the Lead Nurses is proving invaluable in an effort to save babies lives.</p> <p>Further information has highlighted the need to alert parents as to the dangers of leaving babies to sleep on their own on a sofa or chair. This has led to suffocation and parents seem to believe that if it is soft, it is safe. They protect the floor around the sofa with cushions as the perception is that the only danger is a fall from the sofa, not the sofa itself.</p>	Thank you for your comment. This guidance focuses on the supply and installation of equipment, so Sudden Infant Death is not included. There is a facility on the NICE website (www.nice.org.uk) to suggest future topics for NICE guidance.
Royal College of Midwives		General		The Royal College of Midwives welcomes the opportunity to comment on this draft NICE guidance	We welcome the Royal Collage of Midwives comments
Royal College of Midwives		Recommendation 1		It would be helpful to have a clear definition of a ‘trained assessor’	Thank you for your comment. Reference to ‘trained assessor’ has been removed and the recommendations have been revised.
Royal College of Midwives		Recommendation 1		We think the recommendation on establishing/using a database to share information should be more direct – rather than an issue to ‘consider’.	Thank you for your comment. The recommendations have been revised.

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Royal College of Midwives		Recommendation 1		The recommendation on sharing information on high risk households should include midwives among the relevant professionals named	Thank you for your comments. The recommendations have been revised.
Royal College of Midwives		Recommendation 2		We think it would be helpful to have a specific recommendation on the 'issue of trust' as this is a complex problem for practitioners who go into the home.	Thank you for your comment. The final recommendations now refer to trust as something to consider. The list outlined in the recommendations is not meant to be an exhaustive list but provides examples of some of the issues that may need to be considered.
Royal College of Midwives		Recommendation 2		We were surprised that despite the evidence supporting safety education and outlining the responsibility of the landlord, that these issues did not appear more strongly in the recommendations.	Thank you for your comment. Education as a standalone intervention is beyond the scope of this piece of guidance. Where there was evidence about the effectiveness of education as part of an intervention involving home safety assessment or safety equipment, this has been included. The recommendations highlight that local umbrella organisations for social and private landlords be involved in partnerships to help to prioritise households. The related NICE guidance on 'Strategies to prevent unintentional injuries among under 15s (www.nice.org.uk/guidance/ph29) also includes a recommendation about the role of landlords in making properties safe. .
Royal College of Midwives		Recommendation 3		There is no discussion about how to resource the installation of safe equipment – we presume this will be included in the guidance on 'Strategies, legislation, regulation, enforcement, surveillance and workforce development' - it would be useful to signpost that here.	Thank you for your comment. NICE guidance recommends what is effective and cost effective. However, it is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.

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Royal College of Midwives		Recommendation 3		'Women in traditional, patriarchal families' is a strange way to describe the lack of decision making power amongst some women. 'Households where women lack autonomy to make household or financial decisions' could be more appropriate and encompassing.	Thank you for your comment. This recommendation has now been amended.
Royal College of Midwives		Recommendation 3		We value the inclusion of the important factor of 'the household's perception of, and degree of trust in authority'	Thank you
Royal College of Midwives		Recommendation 3		We are pleased to see the recommendation to 'ensure follow-up advice and information is given in person'.	Thank you. The final recommendations now make reference to follow up.
Royal College of Midwives		Recommendation 3		The recommendation that 'if possible, they should supply and install home safety equipment' - implies lots of practitioners will be trained to do this. As per NICE Guideline CG37 Postnatal care, we think it would be helpful to repeat the recommendation from that 'The healthcare professional Should facilitate access to local schemes for provision of safety equipment'	Thank you for your comment. The recommendations have been revised to make clearer the systematic approach intended. It is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.
Royal College of Nursing		General		Nurses working in the public health and community settings reviewed the draft guidance. The document seems comprehensive. The RCN will welcome guidance to help prevent unintentional injuries in the home among children who are 15 years. A joint partnership between parents and relevant organisations will enable the successful implementation of this guidance.	Thank you for your comments and we welcome the RCN's contribution.

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Royal College of Paediatrics and Child Health		General		<p>The College welcomes this guidance. The guidance is very clear and recommends that multiple organisations establish local partnerships, identify and collect data on specific households at greatest risk and offer home safety assessments, and where appropriate install suitable home safety equipment.</p> <p>We think this is very sensible and appropriate advice. Probably the most difficult issue is the identification of high risk groups. The section on risk factors identifies social class as a major risk factor. However, it is difficult to use this in practice to identify children at risk in households as this information is not in the public domain. Most existing targeted interventions are aimed at children living in deprived areas or from families receiving benefits. It is also worth targeting interventions at families living in certain types of housing. Research carried out in the UK shows that residents of purpose built apartments are at particularly high risk of injury (Lyons RA, Newcombe RG, Jones SJ, Patterson J Palmer SR, Jones P. Injuries in homes with certain built forms. AJPM 2006;30:513-520). Overall, little research has been carried out to support the identification of households containing children at particular risk which could then be used as a basis for targeting the interventions supported in the guidance. Whilst we support the need for more epidemiological studies on the aetiology of injuries (Gap 1 in Appendix D) we also see the need for the development of tools which</p>	<p>Thank you for your comments and we welcome the Royal Collage of Paediatrics and Child Health's contributions.</p> <p>The recommendations are focused on identifying households at greatest risk of unintentional injuries among under 15's.</p> <p>The final recommendations suggests that the use of surveys, needs assessment and existing datasets to systematically identify and prioritise the types of households that may be at greatest risk. 'Priority households' could include those with children aged under 5, families living in rented or overcrowded conditions or families living on a low income. The recommendations also refer to the use of the Housing Health and Safety Rating System (HHSRS) and the role of practitioners in identifying specific households. The guidance also recommends developing partnerships to help collect information on specific households where children and young people aged under 15 may be at greatest risk. It is hoped that a focus on the identification of households as opposed to areas will address the issue you have raised.</p>

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Royal College of Paediatrics and Child Health		General (continued)		<p>would identify those most at risk. There are many ways which this could be done, including the development of multi-agency data sharing protocols to identify those known to be at risk from different agencies. If such data were then linked to the uptake of interventions and subsequently to injury surveillance systems it would be possible to extend our knowledge of the effectiveness and cost effectiveness of interventions. Developments in privacy enhancing data linkage and anonymisation techniques can support the evaluation of such interventions. We agree strongly with the statement in section 3.5 (Considerations). We agree that there is a need to properly document the individual and household uptake of home safety interventions to support more robust evaluations.</p> <p>We would like to point out that several internet based hazard and safety assessment tools are available free to use for practitioners on the Injury Observatory for Britain and Ireland website. See http://www.capic.org.uk/home_safety_tools.html, including the SafeHome tool, www.safehome.org.uk, which is developed by a collaboration of charities, voluntary bodies and academic units interested in childhood injury prevention. Such tools can help practitioners and members of the public identify high risk households.</p>	<p>Thank you for your comment and links. A definition and examples of home safety assessments tools are provided in the final guidance.</p>

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Royal College of Paediatrics and Child Health		General		<p>The College notes that the beginning of the document makes reference to reducing injuries among the most deprived. It concerns us that no comment is made in relation to narrowing the inequalities gap. While we agree that we need to pay attention to the most deprived, we note we must also be aware of what is happening in other groups. Without such knowledge, we may achieve the goal of reducing injuries, but if what happens in other groups is more effective more rapidly we risk widening inequalities, and also perhaps, fail to implement more successful strategies than those we have employed in the target group.</p> <p>We feel therefore that the statement should be to reduce injuries among the most deprived and to narrow the inequalities gap.</p>	<p>Thank you for your comment. The aim of this guidance is to reduce unintentional injuries in under 15's in the home and it recommends prioritising those at greatest risk, which includes families living in rented or overcrowded conditions or families living on a low income.</p>

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Royal College of Paediatrics and Child Health		Recommendation 1 (identifying and prioritising households and greatest risk)	6	<p>We recommend including a point to emphasise that there are groups already identifying and prioritising households at greatest risk (e.g. fire brigade) and that it is essential to engage with them and review the approach that they take.</p> <p>In addition, we note that the fire brigade take a very broad, area based view and the value of this should be considered. For example, in Houses in Multiple Occupation (HMOs) it seems of little value to simply place smoke alarms in the unit in which children live. A 'herd' approach is instead needed. We do note there is legislation around smoke alarms that makes this point a little inaccurate; we merely illustrate a principle that should be considered.</p>	Thank you for your comment. The recommendations now reflect the need to co-ordinate delivery and the need to work in partnership. The recommendations highlight the need to integrate home safety into other home visits. The fire and rescue service are outlined in the recommendations as an organisation 'who should take action'. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. At various stages of the guidance development process a variety of stakeholders and expert witnesses have been consulted including those from the fire and rescue service. The fieldwork also included those who would be involved in the implementation of this guidance.
Royal College of Paediatrics and Child Health		Recommendation 3 (delivery)	8	<p>We recommend that a policy be put in place on the number of home safety consultation visits that are reasonable. We note that inconvenience to householders needs to be minimised, but also, with more visits, the costs increase. Therefore, all agencies using the same policies, procedures, database and documentation is reinforced.</p> <p>Obviously, a one-stop shop is highly likely to be impractical, but this could be an aspiration of a well organised partnership? We note that a successful programme will be an acceptable one. A key to an acceptable programme is likely to be a consideration of how many visits is too many.</p>	Thank you for your comment. NICE has produced costing tools to support local implementation. However, it is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.

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Royal Society for the Prevention of Accidents		General		RoSPA welcomes NICE's Consultation on the Draft Scope for Preventing unintentional injuries in the home among under 15s and thanks NICE for the opportunity to comment.	Thank you. We welcome RoSPA's contribution.
Royal Society for the Prevention of Accidents		General		<p>Education is mentioned on page 5 but there is little evidence of any suggestions in the guidelines on how this should be delivered. The recommendations concentrate on the supply and installation of equipment but do not allow for the fact that:</p> <ul style="list-style-type: none"> • Risks can be reduced by raising awareness and through education giving people the choice to make informed decisions about their own safety. • There is not a piece of safety equipment to cover every risk in the home – education therefore must be provided <p>Many homes require a greater level of intervention that is not addressed by fitting safety equipment.</p>	Thank you for your comment. Education as a standalone intervention is beyond the scope of this piece of guidance.. The final guidance recommends that education, advice and information should be given during home safety assessments and during the supply and installation of home safety equipment.
Royal Society for the Prevention of Accidents		General		These recommendations have high resource implications and will be difficult to put in place without extra funding.	Thank you for your comment. NICE has produced costing tools to support local implementation. However, it is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.

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Royal Society for the Prevention of Accidents		1. Recommendation - context		<p>The list of equipment refers to window locks. RoSPA would suggest that Window restrictors are a better alternative – they can be opened in the event of a fire without having to find and insert a key.</p> <p>RoSPA assumes that by oven guards you are referring to door guards and not hob guards – RoSPA does not support the use of hob guards they can create more of a hazard when lifting heavy pans.</p> <p>Hot water temperature restrictors are referred to as Thermostatic Mixing valves (TMVs)</p>	Thank you for your comments. The final guidance refers to window restrictors. The examples of equipment have been revised, however this is not an exhaustive list.
Royal Society for the Prevention of Accidents		Recommendation 1 (who should take action?)		It should be noted that many local safeguarding boards (LSCBs) do not include accident prevention in their work.	Thank you for your comment. The Public Health Independent Advisory Committee (PHIAC) considered that LSCBs are often key in decision making at a strategic level.
Royal Society for the Prevention of Accidents		Recommendation 1 (what action should they take?)		<p>It may be difficult to reach those most at risk they do not always access the services provided.</p> <p>It should be noted that experience from the delivery of Safe At Home is already indicating that community practitioners, Health Visitors etc do not have the capacity to take on extra work.</p>	Thank you for your comment. The recommendations are focused on identifying households at greatest risk. The guidance recommends the use of surveys, needs assessment and existing datasets to systematically identify and prioritise the types of households that may be at greatest risk. The guidance also suggests that practitioners have a role in identifying and referring households, and recommends that there are mechanisms in place to allow them to do this easily. The guidance does not suggest that these practitioners conduct the assessments or installation.

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Royal Society for the Prevention of Accidents		Recommendation 1 (Identification of families)		Families with children under 4 year of age will be easier to identify than those with children aged 5 and over. The guidelines would need to clarify what constitutes a high risk household.	Thank you for your comment. Each locality will have to consider its individual context and circumstances in the implementation of the recommendations. The final guidance recommends systematically identifying and prioritising the types of households that may be at greatest risk. 'Priority households' could include those with children aged under 5, families living in rented or overcrowded conditions or families living on a low income. The recommendations also refer to the use of the Housing Health and Safety Rating System (HHSRS) and the role of practitioners in identifying specific households. The guidance also recommends developing partnerships to help collect information on specific households where children and young people aged under 15 may be at greatest risk.
Royal Society for the Prevention of Accidents		Recommendation 1 (Collection of Accident Data)		Many local practitioners would find it very difficult to access suitable A & E data – it is not readily available. The guidelines need to include recommendations for the collection of suitable accident data that can be used on a national basis.	Thank you for your comment. The recommendations highlight the collection of data, issues of data protection, the use of data and good practice. Data collection by Accident and emergency departments and its use is not covered in the final guidance, but is covered in the related NICE guidance on 'Strategies to prevent unintentional injuries' (www.nice.org.uk/guidance/ph29).

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Royal Society for the Prevention of Accidents		Recommendation 1		<p>“Consider establishing or using an existing database to share information on high-risk households with other statutory agencies. For example, social workers, GPs and health visitors could identify overcrowded dwellings and notify others via a database accessible to all statutory organisations.”</p> <p>RoSPA feels that this may prove to be difficult due to data protection issues and heavy workloads.</p> <p>If this was feasible the guidelines would need to clarify who is going to collate the data.</p>	Thank you for your comment. The final recommendations now make reference to the collection of data and issues of data protection, the use of data and good practice. Data collection, sharing and its use is not covered in this guidance, but is covered in the related NICE guidance on ‘Strategies to prevent unintentional injuries’ (www.nice.org.uk/guidance/ph29).
Royal Society for the Prevention of Accidents		Recommendation 2		RoSPA welcomes the concept of building on existing partnerships or the development of new partnerships but they would have to have cross cutting targets in order to work together. Many partnerships rely on practitioners being able to implement Home Safety initiatives. Home Safety is not a priority on many local authority agendas. Dedicated funding to provide key workers is needed to coordinate and this work.	Thank you for your comment.
Royal Society for the Prevention of Accidents		Recommendation 2		RoSPA welcomes the concept of community involvement.	Thank you

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Royal Society for the Prevention of Accidents		Recommendation 3 (what action should they take?)		RoSPA welcomes the suggestion that suitable equipment should be supplied and installed but who is going to fund it.?	Thank you for your comment. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. NICE has produced costing tools to support local implementation. However, it is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.
Royal Society for the Prevention of Accidents		Recommendation 3		Fitting guidelines would need to be issued in relation to the most effective way the equipment is installed and used.	Thank you for your comment. It is for local agencies to ensure that those installing the equipment are suitably qualified.
Royal Society for the Prevention of Accidents		Recommendation 3		The follow up advice is important but due to local issues by phone or letter is not the most effective way to do this. A revisit would be idea but obviously this would create resource implications.	Thank you for your comment.
Royal Society for the Prevention of Accidents		Current policy and practice		It should be noted that many local safeguarding boards (LSCBs) do not include accident prevention in their work. Many LAAs failed to include unintentional injuries in the home.	Thank you for your comment. The Public Health Independent Advisory Committee (PHIAC) considered that LSCBs are often key in decision making at a strategic level. The related NICE guidance on 'Strategies to prevent unintentional injuries among under 15s' (www.nice.org.uk/guidance/ph29) makes recommendations about prioritising unintentional injuries in local plans and strategies for health and wellbeing of children and young people.

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Royal Society for the Prevention of Accidents		3.1 Considerations		<p>RoSPA supports the statement that Safety features should be built into the home during construction.</p> <p>RoSPA's document "Can the Home Ever be Safe" recommended measures that could be built into new homes in order to reduce accidents and improve the quality of life. The document is intended to target simple, low-cost designs improvements to increase safety within the home – PDF copy attached.</p>	Thank you for your comment. Building regulations and other policy, legislation and strategies are beyond the scope of this piece of work but were a consideration made by PHIAC in their deliberations in developing this guidance. This area has been considered in the related NICE guidance 'Strategies to reduce unintentional injuries in under 15's' (see www.nice.org.uk/guidance/ph29) .
University Hospital South Manchester (British Burns Association)		General		It is most welcome to see the important issue of injury prevention in children finally being reviewed some eight years after the joint governmental departmental report on the subject.	Thank you.

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University Hospital South Manchester (British Burns Association)		General		We have concerns regarding the methodology being employed. The committee appear to be reviewing papers published on the subject of injury prevention and assessing the strength of the evidence in his publications. No other forms of evidence other than published papers appear to be under consideration. Recognising that funding for injury prevention research is extremely difficult to get, it is no surprise that there is a dearth of papers describing the effectiveness of each of the interventions possible to prevent injury. The committee is unlikely to conclude therefore that strong enough evidence does exist, particularly in the area of cost effectiveness, for any recommendations to be made. No doubt the terms of reference preclude the committee from advocating the funding of targeted prevention research. This is a serious concern as this work then becomes a recipe for an official stalemate on the subject.	Thank you for your comments. NICE guidance is based on the best available evidence. This includes published papers as well as papers from the grey literature. NICE consulted on the evidence for this guidance earlier in the process. NICE also has a number of expert witnesses and co-optees who provide expert testimony for the committee to consider. For this guidance, NICE also commissioned fieldwork to test the draft recommendations with those with responsibility for local implementation. There are also a series of stakeholder consultation process at each stage of the guidance development process where extra information or evidence can be provided. The final guidance also provides a number of 'recommendations for research'. For more details on the NICE guidance development process please go to the NICE website (http://www.nice.org.uk/phprocessandmethods).
University Hospital South Manchester (British Burns Association)		General		There is no indication in this paper that international experience with regard to prevention in burns and scalds is going to be taken into consideration. This is a serious mistake if true. Experience in other parts of the world is readily applicable in the UK.	Thank you for your comment. In the generation of NICE evidence review the best available evidence is considered. This evidence is assessed for its quality and applicability to the England context. The evidence reviews and all other documentation used in the development of this guidance are available on the NICE website (www.nice.org.uk/guidance/ph30)

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University Hospital South Manchester (British Burns Association)		General		The paper refers to the lack of injury data available and yet makes no mention of data sources beyond the NHS Hospital Episode Statistics, a notoriously inconsistent source of trauma data. Databases such as UK TARN (www.tarn.ac.uk) and iBID (www.ibidb.org) can provide significant clinical and outcome data on various forms of injury in this age group, including RTAs and burns. To our knowledge there are no other trauma specific databases in existence in the UK and the lack of any reference to either of them is a serious shortcoming.	Thank you for your comments and references. The use and collection of data has been considered in the related NICE guidance on 'Strategies to reduce unintentional injuries in under 15's' (see www.nice.org.uk/guidance/ph29).
University Hospital South Manchester (British Burns Association)		General		It would appear that the work of this committee is seen to be complete. The final document is awaited more with resignation in anticipation.	Thank you for your comment.
University of Warwick		Context	5	Suggest that there should be reference to the Housing Health and Safety Rating System as a risk assessment methodology used by trained assessors (such as Environmental Health Practitioners). The statutory Operating Guidance gives guidance on the process of assessment and profiles of the 29 potential housing Hazards, including those under the heading of 'Protection Against Accidents'. The Guidance is available at – www.communities.gov.uk/publications/housing/hhsrsoperatingguidance	Thank you for your comment and subsequent web link. The recommendations have now been amended and specific reference to HHSRS is now made.

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University of Warwick		Context	5	As many 'home' accidents occur in the garden or amenity space around the dwelling (such as fall injuries and drownings – see 'Types of Injuries' p10), limiting the definition of 'home' to the inside of the dwelling misses an opportunity to deal with accidents in such locations.	Thank you for your comment. Due to resources and time constraints, the scope for this piece of guidance considered the home to be 'inside dwellings' . Gardens and outside of dwellings has been considered in the related NICE guidance on 'Strategies to reduce unintentional injuries in under 15's' (see www.nice.org.uk/guidance/ph29) .
University of Warwick		Recommendation 1 (who should take action?)	6	Local housing authorities have responsibility, under section 3 of the Housing Act 2004, to review housing conditions in their districts. There should be mention of this responsibility. There is also a duty under s.4 of the Act for local housing authorities to arrange for an inspection to be undertaken where they become aware by any route that residential premises may contain HHSRS Hazard(s) including Crowding and Space.	Thank you for your comment. The recommendations now make reference to HHSRS. The recommendations suggest local authorities (as well as others) should take action in 'prioritising households at greatest risk' and 'working in partnership'. 'Policy, legislation and strategies' are beyond the scope of this piece of work but has been considered in the related NICE guidance 'Strategies to reduce unintentional injuries in under 15's' (www.nice.org.uk/guidance/ph29) .
University of Warwick		Recommendation 1 (what action should they take?)	6	Local information should include data from house condition surveys. There may be other sources such as council and housing benefit data, deprivation data.	Thank you for your comment. The recommendations make reference to using surveys, needs assessment and existing data bases such as local council housing records, to determine households at greatest risk of an unintentional injury. The final guidance also recommends developing partnerships collect information and determine and address barriers to creating a safe home. Data collection and use has been considered further in the related NICE guidance on 'Strategies to reduce unintentional injuries in under 15's' (see www.nice.org.uk/guidance/ph29) .

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University of Warwick		Recommendation 3 (what action should they take?)	8	Deficiencies to the dwelling (including the garden) can increase the likelihood of an accident and/or the severity of the outcome. Such deficiencies are part of the assessment of Hazards under the Housing Health and Safety Rating System. Under Part 1 of the Housing Act 2004, local housing authorities have a duty to deal with Category 1 HHSRS Hazards and a power to deal with Category 2 HHSRS Hazards (both defined by section 2 Housing Act 2004). The action the authority take will be to reduce the Hazard(s) – ie, make the dwelling safer and reduce the risk of accidental injuries – by requiring the owner to take appropriate remedial action.	Thank you for your comment. The recommendations now make reference to HHSRS. The recommendations suggest local authorities (as well as others) should take action in 'prioritising households at greatest risk' and 'working in partnership'. The use of HHSRS is also recommended in the related NICE guidance on 'Strategies to reduce unintentional injuries in under 15's' (www.nice.org.uk/guidance/ph29).
University of Warwick		Recommendation 3 (what action should they take?)	8	The Decent Homes Standard (see – http://www.communities.gov.uk/publications/housing/decenthome) is a minimum standard set by government to direct investment and interventions. The first of the four criteria for Decency is that there should not be any Category 1 HHSRS Hazards. All public sector housing should meet this standard and local housing authorities are charged with ensuring that an increasing proportion of vulnerable people occupy Decent Homes. As part of the Private Sector Housing Strategy, local housing authorities should include how they will deliver their Decent Homes Programme, including the availability of grants, loans and other financial packages.	Thank you for your comment. The related NICE guidance on 'Strategies to reduce unintentional injuries in under 15's' (www.nice.org.uk/guidance/ph29) includes a recommendation about installing permanent safety equipment in social and rented dwellings. It recommends using the HHSRS.
University of Warwick		Costs	11	Reference could be made to <i>The Real Cost of Poor Housing</i> (IHS BRE, 2009). The shows that money spent on dealing with housing Hazards is money invested in health.	Thank you for your comment and reference.

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University of Warwick		Consideration	13	Although there is reference to safety equipment, there is little reference to the relationship between housing deficiencies leading to Hazards that increase the likelihood of accidents and/or the severity of outcomes from accidents. The only reference to is at 3.1 which refers to legislation to improve the way homes are constructed. The Building Regulations control the design and construction of new dwellings. However, new dwellings make up less 5% of the housing stock. The English House Condition Survey 2007 (Communities and Local Government, 2009) estimates there were 7.7 million non-decent homes in 2007, a little under 35% of the existing housing stock. The most frequent reason homes did not achieve the Decent Homes Standard was the presence of one or more Category 1 HHSRS Hazards, with 21.7% of the stock having a Category 1 HHSRS Hazard. About 2.35 million homes contained at least one Category 1 HHSRS Hazard relating to Falls. There is legislation dealing with deficiencies that result in Hazards that could lead to accidental injuries – this is Part 1 of the Housing Act 2004, and the Housing Health and Safety Rating System. It is not clear that PHIAC took account of this legislation as no reference is made of it.	Thank you for your comments. The recommendations have been amended to make specific reference to the HHSRS. In addition, the related NICE e guidance 'Strategies to reduce unintentional injuries in under 15's' also recommends using HHSRS.
University of Warwick		References	16	There are several publications that could have informed this work. These include <i>Housing Interventions and Health</i> (2009, National Center for Healthy Housing), <i>Review of Health and Safety Risk Drivers</i> (2008, Communities and Local Government), and <i>the Housing Health and Safety Rating System: Operating Guidance</i> (2006, Office of the Deputy Prime Minister).	Thank you for your comment. In the generation of NICE evidence review the best available is considered. This evidence is assessed for its quality and applicability to the England context. The evidence reviews and all other documentation used in the development of this guidance are available on the NICE website (www.nice.org.uk/guidance/ph30)

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University of Warwick		Identifying the Evidence	25-26	There are several other databases that could have been usefully searched such as ICONDA (International Construction Database); APId (Architectural Periodicals Index on disc); ASSIA (Applied Social Sciences Index and Abstracts); SIGLE (System for Information on Grey Literature); and Urdisk (Acompline and Urbaline).	Thank you for your comment and list of databases NICE consulted on the evidence for this guidance earlier in the process.
University of Warwick		General		The World Health Organization (Europe) is carrying considerable work on the Children's Environmental and Health Action Plan for Europe (CEHAPE). This includes work on reducing children's unintentional injuries in the home. WHO is working with a wide range of experts to prepare Summaries of Evidence and Tables of Child Specific Actions. This work will be present to the Fifth Meeting of Ministers of Health and of the Environment to be held early in 2010. This WHO work could inform the Guidance.	Thank you for your comments and details of the forthcoming WHO work. Unfortunately, the evidence consultation and finalisation of this guidance was completed before this work from the WHO was available. However, it could be considered when the guidance is updated.